

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-575)								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51	/			
2		/					52				
3		/					53				
4	/						54	/			
5		/					55				
6	/						56				
7		/					57				
8		/					58				
9							59				
10							60				
11							61				
12	/						62	/			
13							63	/			
14							64				
15							65	/			
16							66	/			
17							67	/			
18							68	/			
19							69	/			
20	/						70				
21							71				
22							72				
23	/						73				
24		/					74				
25	/						75				
26		/					76				
27		/					77				
28	/	-					78				
29		/					79				
30							80				
31		/					81				
32	/						82				
33		/					83				
34							84				
35							85				
36							86				
37							87				
38							88				
39	/						89				
40		/					90				
41		/					91				
42	/						92				
43							93				
44							94				
45							95				
46	/						96				
47		/					97				
48							98				
49		/					99				
50		/					100				
TOTAL IND.							TOTAL IND.	18			
TOTAL DEP.							TOTAL DEP.	51			
TOTAL CLAIMS							TOTAL CLAIMS	69			